

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form

PSN 6 ✓

PLAINTIFF
UNITED STATES OF AMERICA

COURT CASE NUMBER

2:05CR150-C

DEFENDANT
RONNIE GRISSETT and BEULAH GRISSETT d/b/a GRISSETT GROCERYTYPE OF PROCESS
RELEASE OF LIS PENDENS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN 39
COVINGTON COUNTY JUDGE OF PROBATE

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

Covington County Courthouse - Court Square One, Andalusia, Alabama 36420

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served
with this Form - 285

1

John T. Harmon
United States Attorney's Office
Assistant United States Attorney
Post Office Box 197
Montgomery, Alabama 36101-0197Number of parties to be served
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

CATS # 05-DEA-459655

Signature of Attorney or other Originator requesting service on behalf of : <i>John T. Harmon</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 08/07/06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk <i>E. Chavers</i>	Date <u>8/14/06</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <u>8/18/06</u>	Time <u>2:15 pm</u>
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Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>8.00</u>	Forwarding Fee <u>8.00</u>	Total Charges <u>53.00</u>	Advance Deposits	Amount Owed to US Marshal or Refund
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REMARKS: 8/15/06 C.M. # 7001 1140 0001 8579 6905
8/18/06 Received green card signed "Cyithu RETURNED AND FILED
8/18/06 Received recorded copy

AUG 21 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2000 AUG 18
 Covington County Judge of Probate
 P.O. Drawer 789
 Andalusia, AL 36420

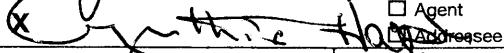
UNITED
 MARSHAL:
 MIDDLE A

RECEIVED

P 12: 11

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/17/06D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

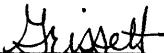
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number

7001 1140 0001 8579 6905

PS Form 3811, February 2004



102695-02-M-1540